

## **SUPPORTING DOCUMENTS**

### **5.5**

#### **CORE HEALTH STATUS INDICATORS DETAIL SHEETS**

01

**CORE HEALTH STATUS INDICATOR**

Type: Access

**Ambulatory Sensitive Condition**

**The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9)per 10,000 children less than five years of age.**

**GOAL**

To reduce asthma hospitalizations for children less than five years old.

**MEASURE**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 - 493.9) per 10,000 children less than five years of age.

**DEFINITION**

**Numerator:** Number of resident asthma (ICD-9 codes: 493.0 - 493.9) hospital discharges for children less than five years old.

**Denominator:** Estimate of all children less than five years old in the State.

**Unit:** 10,000 **Text:** Rate per 10,000.

**HEALTHY PEOPLE 2010**

**OBJECTIVE**

Objective 24-2a: Reduce hospitalization for asthma in children 0-5 to no more than 25 per 10,000. (Baseline: 1997, 60.9 per 10,000)

**DATA SOURCES and DATA ISSUES**

Numerator: State hospital discharge data.

Denominator: State population estimates, Bureau of Census data.

**SIGNIFICANCE**

Asthma is one of the few medical problems that may be used to measure the extent to which children are receiving quality disease preventive care and health promotion education. Access to and utilization of appropriate medical care can often prevent severe episodes of asthma. Increased asthma hospitalization rates may be a consequence of inadequate outpatient management and diminished access to a medical home.

**02A  
CORE HEALTH STATUS INDICATOR**

**The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.**

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**Type: Access  
Adequacy of Primary Care**

**GOAL**

To increase the adequacy of primary care for Medicaid enrollees.

**MEASURE**

The percent of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

**DEFINITION**

**Numerator:** Number of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

**Denominator:** Number of Medicaid enrollees whose age is less than one year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010  
OBJECTIVE**

No specific Healthy People 2010 Objective

**DATA SOURCES and DATA ISSUES**

**Numerator:** State Medicaid claims files or EPSDT visits for the reporting period.  
**Denominator:** State Medicaid program enrollees for the reporting period. The assumption is that all Medicaid enrollees whose age is less than one year should have at least one initial well child or EPSDT visit.

**SIGNIFICANCE**

The EPSDT program is a national initiative to provide quality comprehensive services to all Medicaid eligible children. Increasing access to comprehensive, family-centered, community-based, culturally competent care for the medically underserved populations of the State is the first step toward establishing a medical home and a regular source of care.

**02B  
CORE HEALTH STATUS INDICATOR**

**The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.**

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**Type: Access  
Adequacy of Primary Care**

**GOAL**

To increase the adequacy of primary care for SCHIP enrollees.

**MEASURE**

The percent of SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

**DEFINITION**

**Numerator:** Number of SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.

**Denominator:** Number of SCHIP enrollees whose age is less than one year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010  
OBJECTIVE**

No specific Healthy People 2010 Objective

**DATA SOURCES and DATA ISSUES**

Numerator: SCHIP program claims files for well child visits, or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits for the reporting period.

Denominator: SCHIP program enrollees for the reporting period. The assumption is that all SCHIP enrollees whose age is less than one year should have at least one initial well child or EPSDT visit.

**SIGNIFICANCE**

The EPSDT program is a national initiative to provide quality comprehensive services to all Medicaid eligible children. Some states include the EPSDT program as part of the SCHIP coverage. With the help of public/private partners, increasing access to comprehensive, family-centered, community-based, culturally competent care for the medically under served populations of the State is the first step toward establishing a medical home.

**CORE HEALTH STATUS INDICATOR**

**The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.**

Type: Prevention  
Prenatal Care Participation

**GOAL**

To increase the adequacy of prenatal care utilization.

**MEASURE**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

**DEFINITION**

**Numerator:** Number of women (15 through 44) during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

**Denominator:** All women (15 through 44) with a live birth during the reporting year.

**Unit:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010  
OBJECTIVE**

Objective16-6b: Increase to at least 90 percent the proportion of all live-born infants whose mothers receive prenatal care that is adequate or more than adequate according to the Adequacy of Prenatal Care Utilization (Kotelchuck) Index. (Baseline: 74 percent of live births in 1995)

**DATA SOURCES and DATA ISSUES**

State vital statistic records are sources of this data.

**SIGNIFICANCE**

Adequate prenatal care is an effective intervention that improves pregnancy outcomes, including reducing infant mortality. The two-part (Kotelchuck) Adequacy of Prenatal Care Utilization Index combines independent assessments of the timing of prenatal care initiation and the frequency of visits received after initiation.

**04A**  
**CORE HEALTH STATUS INDICATOR**  
**Type: Risk**  
**Low Birth Weight**

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**The percent of live births weighing less than 2,500 grams**

**GOAL**

To reduce the proportion of all live deliveries with low birth weight.

**MEASURE**

The percent of all live births weighing less than 2,500 grams.

**DEFINITION**

**Numerator:** Number of resident live births less than 2,500 grams.

**Denominator:** Number of resident live births in the State in the reporting period.

**Unit:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010**  
**OBJECTIVE**

Objective 16-10a: Reduce low birth weights (LBW) to no more than 5 percent of all live births. (Baseline: 7.6 percent in 1998)

**DATA SOURCES and DATA ISSUES**

State vital records and census data are source.

**SIGNIFICANCE**

The general category of low birth weight infants includes pre-term infants and infants with intrauterine growth retardation. Many risk factors have been identified for low birth weight babies including: both young and old maternal age, poverty, late prenatal care, smoking, substance abuse, and multiple births.

**04B**  
**CORE HEALTH STATUS INDICATOR**  
**Type: Risk**  
**Low Birth Weight - Singleton Births**

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**The percent of live singleton births weighing less than 2,500 grams.**

**GOAL**

To reduce the proportion of all live singleton deliveries with low birth weight.

**MEASURE**

The percent of all live singleton births weighing less than 2,500 grams.

**DEFINITION**

**Numerator:** Number of resident live singleton births weighing less than 2,500 grams.

**Denominator:** Number of resident live singleton births in the State in the reporting period.

**Unit:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

No specific Healthy People 2010 objective. Related to Objective 16-10a: Reduce low birth weights (LBW) to no more than 5 percent of all live births. (Baseline: 7.6 percent in 1998)

**DATA SOURCES and DATA ISSUES**

State vital records and census data are source.

**SIGNIFICANCE**

In vitro fertilization has increased the number of multiple births. Multiple births often result in shortened gestation and low or very low birth weight infants.

**05A**  
**CORE HEALTH STATUS INDICATOR**  
**Type: Risk**  
**Very Low Birth Weight**

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**The percent of live births weighing less than 1,500 grams**

**GOAL**

To reduce the proportion of all live deliveries with very low birth weight.

**MEASURE**

The percent of all live births weighing less than 1,500 grams.

**DEFINITION**

**Numerator:** Number of resident live births weighing less than 1,500 grams.

**Denominator:** Number of resident live births in the State in the reporting period.

**Unit:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010**  
**OBJECTIVE**

Objective 16-10b: Reduce very low birth weight births to no more than 0.9 percent of all live births.(Baseline, 1.4 percent in 1998).

**DATA SOURCES and DATA ISSUES**

State vital statistic records and census data are source.

**SIGNIFICANCE**

Very low birth weight births are usually associated with pre-term birth. The primary risk factors for pre-term births are prior preterm birth, prior spontaneous abortion, low pre-pregnancy weight, cigarette smoking, and multiple births.

**05B**  
**CORE HEALTH STATUS INDICATOR**  
**Type: Risk**  
**Very Low Birth Weight - Singleton Births**

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**The percent of live singleton births weighing less than 1,500 grams.**

**GOAL**

To reduce the proportion of all live singleton deliveries with very low birth weight

**MEASURE**

The percent of all live singleton births weighing less than 1,500 grams.

**DEFINITION**

**Numerator:** Number of resident singleton births weighing less than 1,500 grams.

**Denominator:** Number of all resident singleton births in the State in the reporting period.

**Unit:** 100      **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

No specific Healthy People 2010 objective. Related to Objective 16-10b: Reduce very low birth weight births to no more than 0.9 percent of all live births. (Baseline, 1.4 percent in 1998).

**DATA SOURCES and DATA ISSUES**

State vital statistic records and census data are source.

**SIGNIFICANCE**

In vitro fertilization has increased the number of multiple births. Multiple births may result in shortened gestation and low or very low birth weight infants.

**06**

**CORE HEALTH STATUS INDICATOR**

**Type: Access**

**Medicaid and Non-Medicaid**

**Comparison of health status indicators for Medicaid, non-Medicaid, and all populations in the State.**

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**GOAL**

To eliminate disparities in pregnancy health outcomes in Medicaid, non-Medicaid, and all populations in the State.

**MEASURE**

The comparison of health status indicators for Medicaid, non-Medicaid, and all populations in the State

**DEFINITION**

The table for Core Health Status Indicator 06 is on HSI Form C2 (Medicaid and SCHIP data). The table compares low birth weight (<2,500 grams), infant deaths per 1,000 live births, initiation of prenatal care during first trimester of pregnancy, and adequacy of prenatal care (Kotelchuck Index) by the population groups; maternal Medicaid recipient, maternal non-Medicaid recipient, and total maternal population. The table is completed with the appropriate number in the Medicaid, non-Medicaid, and total State population cells for the specified reporting year.

**Unit:** (for 4A, 4C, 4D): 100 **Text:** percent

**Unit:** (for 4B): 1,000 **Text:** rate per 1,000

**HEALTHY PEOPLE 2010 OBJECTIVE**

No specific HP 2010 objective.

**DATA SOURCES and DATA ISSUES**

Birth certificates with payment source, Linked Medicaid files

**SIGNIFICANCE**

Adverse health outcomes disproportionately affect the poor. Enrollment and participation in the State Medicaid, SCHIP, or other programs (food stamps, WIC, AFDC/TANF) may not eliminate the disparity in pregnancy outcomes by socioeconomic status, race and/or ethnicity. The quality of services provided to pregnant women and their newborns should be evaluated to identify barriers to comprehensive, family-centered, community-based, culturally competent care.

07

**CORE HEALTH STATUS INDICATOR**

**The percent of poverty level for eligibility in the State’s Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.**

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Type: Access  
Medicaid and CHIP Eligibility

**GOAL**

To increase State Medicaid and SCHIP enrollment for infants (0 to 1), children, and pregnant women.

**MEASURE**

The percent of poverty level for eligibility in the State’s Medicaid and SCHIP programs.

**DEFINITION**

The table for Core Health Status Indicator 07 is on HSI Form C2 (Medicaid and SCHIP data). This table has cells for infants (0 to1), children (specify age range), and pregnant women, by year and percent of poverty level required for program eligibility. Complete the cells with the appropriate percentage of poverty level for each of the three groups, and specify the reporting year.

**Unit:** 100 **Text:** percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

No specific Healthy People 2010 objective.  
Related Objective 1-1: Increase the proportion of persons with health insurance to 100 percent. (Baseline: 86 percent in 1997). Related objective 1-4: Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care to 96 percent. (Baseline 93 percent in 1997)

**DATA SOURCES and DATA ISSUES**

State Medicaid and SCHIP programs

**SIGNIFICANCE**

Adverse health outcomes disproportionately affect the poor. Infants (0 to 1), children, and pregnant women without private health insurance may not have access to medical care. Participation in the State Medicaid or SCHIP programs may positively impact health outcomes. Important features of Maternal and Child Health (MCH) State program evaluations should include eligibility thresholds, enrollment volume, program retention, transitions in coverage, and access to care.

**CORE HEALTH STATUS INDICATOR****The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information****Type: Infrastructure****State MCH Data Capacity****GOAL**

To assure MCH program and Title V agency access to essential policy and program relevant information from key public health data sets relating to women, children, and families. To demonstrate core MCH data capacity.

**MEASURE**

The State either provides or assures the creation of these databases, assures the MCH programs access to these databases, and assures the MCH programs ability to obtain timely analysis from these these data for programmatic and policy issues.

**DEFINITION**

Core Health Status Indicator Form C3 is a table with a series of questions for eight databases that document the MCH programs ability to obtain essential program and policy relevant information. Using the numerical key at the top of the table enter the degree to which these functions are implemented.

**Units:** 1 through 3 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No specific Healthy People 2010 Objective.  
Related Healthy People 2010 (developmental) Objective 23-5: Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data - especially for select populations - are available at the Tribal, State and local levels.

**DATA SOURCE and DATA ISSUES**

The State Title V Agency

**SIGNIFICANCE**

To carry out the 10 essential public health services, MCH programs need access to relevant program and policy information. This requires basic data capacity on the part of the Title V agency including the ability to monitor health status, to investigate health problems, and to evaluate programs and policies. One measure of this capacity is the availability and use by State MCH programs of key public health data sets related to women, children, and families.